

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584331

FILING DATE

10-26-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8	1		1			
9		1				
10		2				
11		3				
12		3				
13		3				
14	1		1			
15		1				
16		1				
17		1				
18		4				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28	1		1			
29						
30	1		1			
31		4				
32		3				
33		3				
34		3				
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48						
49						
50						
TOTAL IND.		↓	17	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						